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Distinguished Members of the Committee,

Thank you for allowing me to provide written support of the pending legislation that will allow for the creation of air medical membership programs in our great state of Montana. I write you today not only as the Chief Flight Nurse of Benefis Mercy Flight, but also as a citizen. I have served the air medical community in various capacities since 2000 and enjoy a very positive working relationship with the other air medical programs throughout our state.

Air Medical Transport Services provide a vital function in Montana. Professionals skilled in the care of the trauma patient often speak of the "golden hour" during which time the injured patient has the highest probability of survival. In Montana we speak of the "golden day", as the distance between the patient and definitive care is often times measured not in hours, but in hundreds of miles. A ground ambulance trip from Neihart to Great Falls could take upwards of 2½ hours from the time of the call to the time the ambulance arrives back at the hospital. Air Medical programs can take that same patient who is  $2\frac{1}{2}$  hours away by ground and have them in the care facility in less than an hour.

The provision of flight services comes at a significant cost. Millions of dollars are spent annually on just maintaining the fleet of aircraft in service in Montana. Our population has access to some of the highest quality air transport teams available. Three of the teams in Montana are nationally accredited. To put that in perspective, only 151 programs throughout the world have been able to attain this distinction. All of the helicopter programs in Montana have been using Night Vision Imaging Systems for at least the last four years. This technology allows a greater degree of safety to be brought to the industry during night operations. Each set of these "goggles" cost over eleven thousand dollars. Many of these aircraft are tracked through satellites and some of the aircraft even have equipment to locate those individuals who may have been lost in an avalanche. All of this technology and safety equipment costs a great deal of money and yet the cost of these systems are small in comparison to what it costs to operate a complete flight program.

Air medical membership programs will begin to bridge the gap between operational costs and patient responsible charges. Depending on the type of coverage and deductible provided, the patient's portion of the bill can range from several hundred to several thousand dollars.

A membership program would allow an individual or family to plan ahead for those unforeseen circumstances that could require the use of air medical services. By purchasing an annual membership, the individual or family member would be allowed to use a participating air medical program without any further out-of-pocket expenses. As previously discussed, these patient costs can vary greatly by the type of insurance a person may have. Regardless of insurance coverage or high deductibles, those individuals participating in a membership program would see their out-of-pocket costs for the transport disappear.

Many of the states surrounding Montana have air medical programs that have implemented similar plans with varying degrees of success. I truly believe that the success of the program comes with a great understanding of one's population base and the extent to which the program is marketed. One component that appears to be universally true is the reciprocity that each program builds into the membership. When implemented in Montana, this will allow our citizens who have purchased a membership in our state to travel from the eastern edge of Montana to the western border of Washington without losing the benefits of membership.

Thank you again for your dedicated service to our state. Should any of you have any questions concerning my letter, please do not hesitate to contact me. I am excited about the possibilities this will provide for both the patients and air medical programs in Montana.

Respectfully submitted,

/s/ Scott H. Schandelson

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